



Framing Civil Defence Critique: Swiss Physicians' Resistance to the Coordinated Medical Services in the 1980s

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The threat of a future nuclear war bothered Switzerland's national defence planners from the time of the early Cold War. Military, civil defence and administrative officials alike reckoned that the use of nuclear weapons would cause far more civilian than military casualties, and the results of a large national defence exercise in 1963 confirmed that the existing measures to protect and rescue the civilian population from weapons of mass destruction were not sufficient at all (Marti 2015: 252–254). That is why from the mid-1960s, Swiss federal authorities not only worked on an ambitious and world-leading shelter programme (Berger Ziauddin 2017), but also set about establishing various alarm organisations and protective services as essential pillars of Switzerland's national defence. Among these evolving national defence organisations were the so-called

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Coordinated Medical Services as a joint venture of military, civil defence and private organisations. Based on an all-encompassing system of underground hospitals and first-aid stations, the Coordinated Medical Services were intended to ‘improve the chances of survival of the entire Swiss people (*Schweizervolk*)’ in a future nuclear war (see also Chapter 3 on disaster medicine in West Germany by Jochen Molitor in this volume).¹

It took almost two decades to complete the basic conceptual, organisational and legal work in order to establish the Coordinated Medical Services (Marti 2020: 399–408). Hence, the process of finally embedding the Coordinated Medical Services into Switzerland’s national defence system coincided with renewed Cold War tensions and nuclear rearmament on both sides of the ‘Iron Curtain’ at the beginning of the 1980s. On the one hand, this era of the Cold War, often referred to as the ‘Second Cold War’, was dominated by re-emerging nuclear threats and nuclear fear (Conze et al. 2017; Becker-Schaum et al. 2016). On the other hand, a transnational peace movement (Zieman 2009; Wittner 2003) and global organisations of concerned scientists like the International Physicians for the Prevention of Nuclear War (IPPNW) (Kemper 2016) voiced disarmament and peace demands resonating more than ever in the public sphere. Furthermore, both international and national aftermath studies showed that no healthcare system would be able to cope with all the injured and burned people after a nuclear war (Berger Ziauddin and Marti 2020).

In Switzerland, as well as in many other countries, manifold forms of protest against the danger of nuclear war took place. In the early 1980s, tens of thousands protested for peace and against nuclear armament (Bein and Epple 1986; Epple 1986). Besides transnationally voiced calls for nuclear disarmament and peace, the Swiss people, as part of the protest, also raised their voices against the dominance and ubiquity of the militia army and the system of civil defence, with its countless protective bunkers. Above all, criticism was directed against the national defence officials’ optimistic assumption that a nuclear war was survivable, despite its absolutely devastating short- and long-term effects (Meier and Meier 2010: 224–226). Moreover, during the course of the 1980s, a number of popular referendums directed against the armed forces and national defence, respectively, took place. This opposition culminated in a national referendum on the abolishment of Switzerland’s militia army in 1989 (Degen 2017). Due to these protests in the realm of civil society, in

the last decade of the Cold War, the belief in a strong national defence showed clear signs of erosion.

With regard to growing civil defence criticism, the Swiss branch of the Physicians for Social Responsibility (PSR) and the IPPNW—PSR/IPPNW Switzerland, founded in 1981—played a major role. PSR/IPPNW Switzerland also became a key actor in protest against the Coordinated Medical Services. The cases of physicians and members of PSR/IPPNW Switzerland who acted as conscientious objectors by refusing to serve in the Coordinated Medical Services as part of their mandatory civil defence service gained broad public attention. In fact, conscientious objection of service in both the armed and the civil defence forces formed a vital part of Swiss Cold War history of the 1970s and 1980s that so far has only received little attention (Schweizer 2017; Koller 2008; Möcklin 1998; Winet 1991). Another form of protest by PSR/IPPNW Switzerland was a public campaign against the newly introduced and highly contested conscription of, in particular, female health workers into the Coordinated Medical Services. PSR/IPPNW Switzerland's resistance bothered the authorities and brought Swiss state security, among others, onto the scene.

The Coordinated Medical Services were an essential organisation in Cold War Switzerland's national defence system, usually referred to as total national defence. Its main pillars were the military and the civil national defence, the latter including civil defence, state security, wartime economy and foreign policy (Degen 2009). The ideological base rested on the so-called *Geistige Landesverteidigung*, roughly translatable as spiritual or intellectual defence. It was meant to serve as an integrative and identity-forming belief system which summoned national symbols and myths like Switzerland's militia-style army and the centuries-long determination to defend home ground (Tanner 1999).

In this chapter, I will argue that Swiss authorities propagated a sociotechnical imaginary (see Chapter 1, this volume) through the Coordinated Medical Services and other total national defence organisations. The core of this total national defence imaginary was that Switzerland would be able to survive a nuclear war through a huge collective effort. In Cold War Switzerland, this vision of total national defence was quite strong, and it could exert normative authority, as it was borne and institutionalised by various state and private organisations on all federal levels. What measures and institutions were the Coordinated Medical Services built on, and which material and social resources did they try to mobilise?

How should the Swiss total national defence imaginary wield its power? By contrast, under these circumstances, how was PSR/IPPNW Switzerland able to carry out protest actions against the Coordinated Medical Services? Which discursive strategies and practices did PSR/IPPNW Switzerland use to articulate resistive behaviour, and which alternative vision was thereby disseminated?

In what follows, in the first part of my chapter, I will elucidate the system of the Coordinated Medical Services as an emblematic manifestation of the sociotechnical imaginary of Swiss total national defence. By focusing on PSR/IPPNW Switzerland, the second part of my chapter will examine the resistance against the Coordinated Medical Services. In the broader context of a newly evolving, transnational civil defence criticism in the last decade of the Cold War, PSR/IPPNW Switzerland's protest actions brought up novel, subjectivised forms of resistance to Swiss total national defence that played a vital role in contributing to the dissolution of the respective imaginary. In the third part of my chapter, I will show how Swiss authorities addressed and handled the criticism of nuclear civil defence spread by PSR/IPPNW Switzerland. I will also point out how the latter's protest actions, as well as its counter-vision to the total national defence imaginary, resonated with the Swiss public. The conclusion will highlight that PSR/IPPNW Switzerland's subjectivised forms of resistance were a strategic reaction to the contested vision of Swiss total national defence in the 1980s.

MOBILISING THE NATION TO SAVE THE 'SWISS PEOPLE'

The Coordinated Medical Services relied on an extensive infrastructure, most of it built underground. In its final expansion, the system would be equipped with almost 2,000 first-aid stations and 30 emergency hospitals maintained by civil defence staff. Another 150 protected operating rooms would be operated by public health organisations. Finally, there would be 40 military hospitals run by army personnel. In sum, these facilities were to provide protected patient spaces for two per cent of the population spread all over Switzerland.² At the beginning of the 1980s, about half of these facilities were ready to work. Until all of them were built, the Coordinated Medical Services also had to use above-ground first-aid and hospital rooms (Senn 1983: 84–85).

For this ambitious system to be implemented, the Coordinated Medical Services needed the support of state and private actors from

all federal levels. On the national level among others, the Federal Military Department, the Federal Office for Civil Protection and the Federal Office of Public Health were involved. Furthermore, representatives of the Swiss cantons and of several private organisations like the Swiss Red Cross, the Swiss Samaritan Foundation, the Swiss Medical Association and the Swiss Hospital Association formed part of the establishment of the Coordinated Medical Services.³ In order to guarantee the smooth cooperation of these different actors, coordination bodies on both the national and cantonal levels were installed (Senn 1983: 85).

The leading threat for the creation of the Coordinated Medical Services was the danger of a nuclear war. Right from the beginning, however, the authorities planned the Coordinated Medical Services to also be deployed in the case of a civil (nuclear) catastrophe.⁴ Within the Coordinated Medical Services, the civil authorities, the civil defence organisation and the armed forces were responsible for running and maintaining their own sanitary facilities (Senn 1983: 85). Thus, the Coordinated Medical Services were an emblematic Swiss total national defence organisation for which it was characteristic that neither military nor civil institutions took the lead. Prevailing military and civil tasks and structures were kept, and the organisation was to be used in mass catastrophes taking place in war as well as in peacetime. That is why one cannot speak of a centralisation of the Coordinated Medical Services nor, as some critics have argued, of a militarisation of Switzerland's public health system (Lauterburg 1988: 215). Rather, the Coordinated Medical Services should be understood as a hybrid organisation which blurred the boundaries between the states of war and peace. Exactly because of this hybrid structure, Switzerland's total national defence organisations were able to permeate all parts of society (Marti 2020: 417–418).

The Coordinated Medical Services' all-encompassing system required not only considerable infrastructural equipment and material supply but also a huge number of human resources. Besides the members of the army and civil defence medical services, the Coordinated Medical Services needed a great number of voluntary staff. Because this voluntary recruitment could not fill the ranks, Swiss authorities also started to conscript health workers (such as physicians, nurses, physiotherapists). With these efforts to introduce conscription for the Coordinated Medical Services, the authorities tried to install mandatory service for women in particular. Unlike Swiss men, Swiss women were not obligated under the Swiss federal constitution to serve (Bondolfi 2012; Schindler 1997), but they

represented the majority of employees in Switzerland's health system (Brändli 2012). With the general conscription for men, it was fairly easy to involve male medical and nursing staff in the Coordinated Medical Services, whereas women had to volunteer for the Swiss Red Cross or the civil defence medical services.

Thus, on the federal level, there was no legal basis to make women serve in Switzerland's total national defence system. Furthermore, in the realm of public health, the cantons and not the federal government had the legal power. That is why the concept of the Coordinated Medical Services envisaged the cantons as issuing legal regulations in order to conscript women (Lauterburg 1988: 208–211). To that end, the concept of the Coordinated Medical Services provided a template for the cantons to use.⁵ At the end of the 1980s, most cantons had implemented such regulations or were just about to do so. With this approach, the cantons operated in a legal grey zone. That is why a contemporary critic called it a 'women's compulsory service in a roundabout way' (Lauterburg 1988: 208). But the Federal Office of Justice also acknowledged that this legal opinion must be sanctioned by the Federal Supreme Court of Switzerland (Lauterburg 1988: 208–211). In the decision in a leading case, the Federal Supreme Court of Switzerland in May 1989 sustained the cantonal authorities' legal measures. In their grounds for the judgement, it specifically pointed out that the civil defence organisation, the Red Cross service and the women's military service suffered from staffing shortages of tens of thousands of women (Bundesgerichtssentscheid 1989). Thus, the Federal Supreme Court of Switzerland ruled that the questionable conscription of female nursing and medical staff for the Coordinated Medical Services which the cantons had installed was constitutional. It is telling that this legal practice was sanctioned with reference to the requirements of Switzerland's total national defence.

Apart from these legal options, the authorities undertook a variety of information, training and advertising efforts to recruit more staff. These efforts aimed at reaching retired health workers and, first and foremost again, women. At the very beginning, when the Coordinated Medical Services were yet to be established, the surgeon general of the Swiss armed forces, who was the coordinating leader of the Coordinated Medical Services at the federal level, did much of the public relations work. He held lectures for civil defence units and officers' societies, as well

as at congresses and training courses, in which he pointed out the necessity and urgency of creating the Coordinated Medical Services. In addition, he wrote a great number of articles for military and other journals.⁶ Later on, standardised lectures and an official information concept were formulated.⁷ The information concept was intended help to promote a 'common line of thought, a *Unité de doctrine*' between the different actors involved in the Coordinated Medical Services, and, through image advertising and the fostering of community spirit, 'enhance the "Good Will"' for this total national defence organisation.⁸

With regard to training efforts, the Coordinated Medical Services worked together with several state and private organisations such as medical schools and organisations engaged in the education of healthcare personnel. Upon an initiative of the surgeon general of the Swiss armed forces, the medical schools integrated the discipline of disaster medicine into their curricula.⁹ The healthcare personnel also received training in the field of disaster and war medicine. The students at the Swiss Red Cross nursing schools, for example, had to take lessons about 'nursing in disaster situations'.¹⁰ Other Red Cross courses designed for lay people likewise included teaching units to serve in the Coordinated Medical Services (Lauterburg 1988: 209). The link between training and public relations efforts that was pushed with these courses was deliberately planned. Training and promotion for the Coordinated Medical Services were to go hand in hand and be designed, in particular, to recruit women. The surgeon general of the Swiss armed forces, for example, urged members of the Swiss Federation for Civil Protection and the Swiss Officers Society to 'win over our women *for service for the community* everywhere where you have influence'.¹¹ At the same time, advertising campaigns promoted 'the woman in service of society as a whole'.¹² Accordingly, as a counterpart to the mandatory military or civil defence service of Swiss men, Swiss women were called upon to carry out their patriotic duty for the nation by serving in the Coordinated Medical Services. Playing on a socially embedded association between women and social care, it was thought they would take on nursing and auxiliary tasks, which were construed as being female in nature. Thus, Swiss total national defence measures and institutions were deeply shaped by traditional gender roles.

All in all, the Coordinated Medical Services' massive infrastructure reflected the vision and the social order of Switzerland's total national defence system, which both, in turn, were expected to facilitate the Coordinated Medical Services' required material supply and human resources.

In fact, many different societal groups and institutions, such as members of the armed and the civil defence forces, cantonal and communal authorities, organisations like the Swiss Red Cross or the Swiss Medical Association and public and private hospitals, worked together in order to establish the Coordinated Medical Services. In doing this, they all helped to promote the sociotechnical imaginary of total national defence and its core conviction that Switzerland as a collective was capable of surviving nuclear war. This imaginary materialised in the Coordinated Medical Services' all-encompassing infrastructure and was institutionalised in the organisation's hybrid structure. At the same time, state and private, military and civil actors of all federal levels alike were called to contribute to and participate in the organisation. An identical call was directed towards Swiss women. Thus, the Swiss total national defence imaginary that was propagated through the Coordinated Medical Services relied constitutively on the mobilisation of society as a whole.

But the numerous efforts to mobilise the nation in order to save the nation were only partly successful. Above all, the number of the much-needed women could not close the estimated staffing gaps. That is why the chief of general staff of the Swiss armed forces was still complaining about a staffing shortage of 75,000 female volunteers in 1983 (Senn 1983: 85). The reason for this, on the one hand, was that it proved to be fairly complicated to record all the (female) medical and nursing staff and trained lay people that could have been forced to serve by law (Lauterburg 1988: 210). On the other hand, as the next section of my paper will outline, the growing criticism directed against the Swiss armed and civil defence forces in the 1980s further hindered the recruitment of (female) volunteers.

PRACTICES OF RESISTANCE: CLAIMING THAT INDIVIDUAL ACTION MATTERS

In the course of the 1980s, despite being prosecuted, more and more Swiss men refused to serve in the civil defence forces. Although the actual number was officially unknown, politicians and civil defence officials alike stated in the media that the number of conscientious objectors seemed to be increasing steadily. Sometimes, a group of people collectively exhibited their refusal to serve. In August 1984, in Bern, for example, 17 men jointly returned their documents to the city's civil defence office. Likewise, in November 1984, in Zurich, 38 men collectively embedded their

service books (*Dienstbüchlein*) for the civil defence service in concrete and dumped them all in a river.¹³ Against this backdrop, the cases of members of PSR/IPPNW Switzerland who did not want to serve in the Coordinated Medical Services as trained physicians gained widespread public attention. This all the more so as their refusal led to official charges and, as a result, to media-effective trials (Albrecht et al. 1988: 12).

A textbook case, in this respect, was Thomas Schnyder, a child psychiatrist and board member of PSR/IPPNW Switzerland, who during the 1980s faced several official charges due to his refusal to serve in the civil defence forces. Before 1979, Schnyder had served in the Swiss armed forces and from March 1979 to February 1983 in the civil defence forces.¹⁴ From November 1983 onwards, however, he no longer attended mandatory civil defence courses and exercises. In May 1984, he asked the civil defence office of the canton of Zurich to only assign him to services related to natural or civil disasters, like providing surgical assistance in a hospital, and to release him from any services related to nuclear war and nuclear civil defence.¹⁵ The civil defence office of the canton of Zurich denied this demand.¹⁶ In April 1985, Schnyder sent the same request to the municipal civil defence office in his residential community.¹⁷ This request remained without reply.¹⁸ Two months later, he denounced himself to the cantonal police of Zurich because in 1985 he had yet again failed to enrol himself in a number of civil defence exercises and courses.¹⁹ In January 1986, the district attorney of Zurich filed charges against Schnyder, calling for seven days of imprisonment.²⁰ After that, in February 1986, Schnyder once more demanded of the civil defence office of the canton of Zurich that it not assign him to tasks related to what he called 'war civil defence (*Kriegszivilschutz*)' and emphasised again his willingness to serve in disaster relief.²¹ In its written reply, the civil defence office of the canton of Zurich denied the request once again but still 'did not want to give up the hope' that Schnyder 'as a physician would find the way to realise that the categorical rejection of Swiss civil defence was based on knee-jerk thinking (*Kurzschlussdenken*) arising from an all-encompassing fear'.²²

The prosecution, however, ran its course. On 11 March 1986, the trial against Schnyder at the district court of Zurich took place. Schnyder invited friends, sympathisers and reporters to the trial. He also organised a press conference and a lunch they could attend and sent them documentation about his case when requested.²³ The editor of the newsletter of the West German section of the IPPNW regretted that

he was not able to attend the trial in Zurich but wished Schnyder 'big media attention'. Moreover, he planned on using Schnyder's documentation about conscientious objection in Switzerland for an article.²⁴ This shows that the national sections of the IPPNW could rely on a transnational network in order to exchange ideas and experiences. At the trial, Schnyder was morally supported by well-known Swiss intellectual Max Frisch.²⁵ Swiss newspapers published various articles about the trial.²⁶ They provoked controversial reactions, as several letters to the editor illustrate.²⁷ Schnyder himself pleaded either for a verdict of acquittal or for a prison sentence of 30 days, the latter leading automatically to his exclusion from civil defence service.²⁸ In sentencing, however, the court imposed a financial penalty on Schnyder, as in an earlier conviction.²⁹ But this was not the end of Schnyder's attempt to escape nuclear civil defence. Another refusal to serve in 1987 was finally sanctioned with 30 days of imprisonment and, with this, the exclusion criterion was achieved.³⁰ Schnyder could serve his time in quasi-detention.³¹ Finally, in June 1987, the local council of his residential community excluded Schnyder officially from civil defence service.³²

Schnyder was not the only person who tried to use his trial to get public attention for his political cause. In 1988, for example, 'Crazy is normal' was published, which was the complete documentation of a trial at the cantonal court of Schaffhausen of seven men who refused to serve in the civil defence forces. The publication contained the defence arguments that had been submitted during the trial, including statements by Thomas Schnyder; the social democratic politician and co-founder of the 'Group Switzerland without Army (*Gruppe Schweiz ohne Armee*)' Andreas Gross; the renowned psychoanalyst Paul Parin; and the filmmaker and publicist Alexander J. Seiler, who himself also refused to do civil defence service.³³ Another case that gained widespread attention was that of the journalist Daniel Glass, who himself had also demanded a harsher penalty at a police court in order to be excluded from civil defence service more quickly. While in other cases, the judges had denied these demands or the state attorneys had appealed similar convictions, Glass's case in March 1986 was the first one in which a judge had ruled in favour of such a request. In order to gain publicity for this precedent, Glass sent the opinion of the court to fellow journalists and other conscientious objectors.³⁴

Thus, members of PSR/IPPNW Switzerland as well as other conscientious objectors of civil defence used their trials to win the public and the

media for their political cause. By promoting and publicising their trials and inviting the press, sympathisers and well-known public figures, they wanted to create sympathy for the idea of conscientious objection in the public sphere. In order to gain media attention, they staged their resistance in court as well as in happenings, showcase events and publications in new ways. These unconventional forms of protest took inspiration from forms of political action developed by new social movements (Albrecht et al. 1988: 12) emerging since the mid-1960s and especially in the wake of '1968' (Schaufelbuehl 2009; Skenderovic and Späti 2012).

Another form of resistance to the Coordinated Medical Services initiated by members of PSR Switzerland was the launching of a public campaign entitled 'Health services call for peace'. Apart from physicians, also nurses, physiotherapists and other health workers supported the call, which was popularised at a press conference in May 1984 in Bern. At that moment in time, 800 people had already signed the call, 500 of them people working in health services.³⁵ People signing the call did not want to be part of any preparations for nuclear war in health care and did not want to attend any training in war medicine, and they demanded that the courses and exercises in disaster medicine were limited to civil accidents and catastrophes. Furthermore, the signatories of the call stated their solidarity and support for everyone who refused to attend such events. They also refused to accept the newly introduced mandatory registration and conscription of health workers into the Coordinated Medical Services.³⁶ As already mentioned, this conscription was the authorities' attempt to install a mandatory service for women in particular, who were not obligated to serve under the Swiss federal constitution. The protest call was supported by the Swiss Society for Social Healthcare, the Zurich branch of the Association of Independent Physicians and the Swiss Syndicate of Public Services, a trade union.³⁷ The protest call reached and mobilised a great number of working medical and nursing staff who themselves were not members of PSR/IPPNW Switzerland. Therefore, it provided a good opportunity for the organisation to reach out to the broader public and gave it a chance to demonstrate how Swiss total national defence directly affected people's everyday lives.

It is noteworthy that, in their argumentation, members of PSR/IPPNW Switzerland always made recourse to their individual morals and ethics. An example of this is the fundamental criticism of the disaster and war medicine approach that was to be employed in the Coordinated Medical Services in the event of a nuclear war.³⁸ The physician and board

member of PSR/IPPNW Switzerland Wolfgang Lauterburg, co-initiator of the abovementioned protest call, prominently criticised the Coordinated Medical Services' inherent militarist logic and its undifferentiated equation of civil emergency with war medicine, and, to that end, the constant conflation of civil and military structures and of the states of peace and war (Lauterburg 1988). He held that the principles of disaster or war medicine were incompatible with his ethics as a physician, as these principles relied on the concept of triage, that is, the sorting of injured people according to the severity of their injuries. Whereas medical ethics would usually require the provision of help to those people who are most injured first, the concept of triage necessitated that so-called hopeless cases be sorted out in order to concentrate resources on those people who had good chances of survival. Thus, triage decisions required a problematic reversal of common medical ethics, as the principles of individual medicine would not apply. Lauterburg and other critics of the Coordinated Medical Services felt that it was against their individual conscience as physicians to work in nuclear civil defence and make such decisions.

The recourse to individual morals and ethics was also at the heart of the new physician's oath that well-known international members of IPPNW signed and that started with the phrase: 'As a matter of individual conscience, [...]'³⁹ Likewise, the so-called Frankfurt Declaration (*Frankfurter Erklärung*) of the West German section of the IPPNW, issued in May 1982, referred to conscientious reasons as physicians (Kemper 2014: 327–328). The Frankfurt Declaration functioned as a transnational element, as physicians from Switzerland like Thomas Schnyder also signed it and used it as an argument to explain why they refused to serve.⁴⁰ By claiming that they were undergoing a 'crisis of conscience (*Gewissensnotstand*)', members of PSR/IPPNW Switzerland and other conscientious objectors on trial were invoking the conscience of the individual as a legal argument.⁴¹ In these cases, as well as in cases where men refused to serve in the militia army, the crisis of conscience served as grounds for justification beyond the law to explain why someone refused to serve (Schweizer 2017: 24–28).

In sum, in both their plea statements and their public statements, the members of PSR/IPPNW Switzerland often referred to their individual conscience and their ethics as physicians in order to explain why they refused to serve in nuclear civil defence and why they rejected the methods and principles of disaster and war medicine. Their personal commitment and dedication, as well as their willingness to accept severe

personal consequences such as imprisonment, gave the physicians' protest a high credibility. By invoking their social authority as physicians, the members of PSR/IPPNW Switzerland made recourse to the traditional subject of the conscientious physician who acts to the best of his knowledge and belief. This form of subjectivisation was an effective discursive strategy, the aim of which was twofold: to gain the normative clout and moral authority needed to bolster resistance within the population on the one hand, and to circumvent being branded as a communist or subversive on the other hand.

Hence, on a discursive level, PSR/IPPNW Switzerland's criticism of the Coordinated Medical Services was based on what the historian Susanne Schregel (2009) with regard to the West German Peace Movement has called 'politics of subjectivity', which enabled the peace activists to express their individual emotions of fear. PSR/IPPNW Switzerland's resistance to the Coordinated Medical Services, however, was less emotionally grounded. Rather, with its 'politics of subjectivity', it propagated a moral stance that claimed that individual moral action mattered and might change politics. To state that the actions of each and every person could make a difference was an extremely empowering vision in an era of the Cold War, which seemed to be dominated by feelings of helplessness and hopelessness (Kemper 2012; Marti 2017). In short, the alternative vision publicly promoted by PSR/IPPNW Switzerland was that a world without nuclear war was possible if people took individual moral decisions to listen to their own conscience.

In contrast to the sociotechnical imaginary of total national defence, which referred to the collective of the 'Swiss people', the collective in PSR/IPPNW Switzerland's counter-vision was the sum of acting individuals with a strong moral compass. And whereas individuals had to bow to the norms and requirements of the Cold War within the sociotechnical imaginary of total national defence, individuals in PSR/IPPNW Switzerland's alternative vision were right to oppose these norms and to take ethical decisions based on individual moral grounds. In the subject of the conscientious physician, this vision found its leading figure.

CIVIL DEFENCE CRITICS: BETWEEN PUBLIC ENEMIES AND PUBLIC SUPPORT

PSR/IPPNW Switzerland's resistance to the Coordinated Medical Services was effective as publicity, and therefore, was a thorn in the

authorities' eye. They responded with hard accusations and legally dubious measures. In the autumn of 1983, the surgeon general of the Swiss armed forces and coordinating leader of the Coordinated Medical Services at the federal level, for example, deliberately dispatched military surgeons to attend a meeting organised by PSR/IPPNW Switzerland and fight their views. In the official minutes, the surgeon general's opinion of PSR/IPPNW Switzerland is recorded as follows: 'This organisation basically calls for an abolition of civil defence, the Coordinated Medical Services, and total national defence. This would be [...] the destruction of the nation'.⁴² Thus, members of the armed forces were instructed to infiltrate PSR/IPPNW Switzerland's events because its view was officially regarded as being dangerous and subversive. Likewise, a military surgeon and member of the Federal Commission for Radiation Protection wrote an article 'against defeatism in disaster medicine' in the influential liberal newspaper *Neue Zürcher Zeitung* in September 1982, rejecting the criticism that the maxims of disaster medicine as envisioned in the event of a nuclear war contradicted the Hippocratic oath.⁴³

With that said, it is not surprising that PSR/IPPNW Switzerland was under surveillance by Switzerland's state security. In their files, state security declared PSR/IPPNW Switzerland to be a pro-Soviet 'front organisation'.⁴⁴ Swiss state security's secret observations of tens of thousands of innocent people and organisations only came to light in November 1989 and resulted in one of the biggest scandals in Switzerland's recent history (Liehr 2014). But in the first half of the 1980s, Swiss authorities still stubbornly kept to their Cold War enemy stereotypes and total national defence feasibility fantasies. Anyone who like the members of PSR/IPPNW Switzerland publicly questioned Swiss total national defence organisations was basically seen and treated as an enemy of the state. Thus, PSR/IPPNW Switzerland is an example of how, in Cold War Switzerland, state security targeted groups and organisations from civil society that operated democratically but were opposed to the total national defence imaginary.

Besides the authorities' suspicion and surveillance, PSR/IPPNW Switzerland's protest actions against nuclear civil defence and the Coordinated Medical Services, respectively, also provoked reactions from the public. Apart from the already mentioned letters to the editor, people occasionally wrote personal letters to public figures who represented PSR/IPPNW Switzerland. Some of these correspondents uttered mixed

or critical feelings about PSR/IPPNW Switzerland's resistance. A physician and colleague of Thomas Schnyder, for example, responded to an article Schnyder had published in the journal *Social Medicine* with regard to his decision to refuse to serve in the Coordinated Medical Services.⁴⁵ This correspondent held that the 'head-in-the-sand politics' of physicians was not productive. In his opinion, it was better to have civil defence than no prevention measures at all. For him, civil defence did not downplay the danger of war. Rather, confrontation with it, for instance, through the civil defence leaflet in the phone book, might make people think about how such a war could be prevented.⁴⁶

In most of these letters, however, people expressed their support and described how PSR/IPPNW Switzerland's actions had strengthened their own political commitment to stand up and fight for peace. Several men wrote that, after they had read articles about PSR/IPPNW Switzerland's protest actions, they now felt ready to act themselves and would refuse to serve or refuse to attend special training in civil defence.⁴⁷ Another man thanked them for their help, as he planned to refuse to accept a managerial post in the civil defence service.⁴⁸ One man wrote that he would like to act in a similar way but lacked the courage because he worked as an official for a cantonal authority.⁴⁹ Yet another man wrote that he now felt encouraged to publish a leaflet criticising a nearby planned civil defence building.⁵⁰ Not only men but also women wrote to tell how similar their own mindset was, and congratulated the courage and the responsible, consistent and brave attitude they demonstrated.⁵¹ Even people from abroad wrote letters. A man from the West German city of Nuremberg, for example, expressed his sympathy and support for Thomas Schnyder's decision not to serve.⁵² This once again illustrates that civil defence criticism in the last decade of the Cold War was a transnational phenomenon, and that there was an active exchange of information and ideas.

To be sure, these letters are far from being a representative sample of what Swiss men and women thought about civil defence in the 1980s, and it is likely that many letters came from people that stood close to the peace movement and thus shared the rather negative attitude towards Switzerland's total national defence system. Still, they are rare and insightful sources for studying how the total national defence imaginary and alternative visions articulated by civil defence critics like PSR/IPPNW Switzerland resonated in Cold War Switzerland of the 1980s.

In general, in the course of the 1980s, criticism against the armed and the civil defence forces enjoyed more and more popularity. At the end of

the decade, a referendum demanding the abolishment of the Swiss army launched by the ‘Group Switzerland without Army’ unexpectedly received a third of all the votes, clearly showing that identification with the key symbol of Switzerland’s ability to defend its home ground was eroding (Degen 2017). Likewise, in a population survey in 1989, less than twenty per cent of the respondents thought that Swiss civil defence would be able to safeguard the population in the event of a nuclear war.⁵³ But the authorities’ optimistic belief in the feasibility of survival underlying Switzerland’s total national defence also began to crumble slightly after a scientific study commissioned by the Central Office for Defence had clearly shown how extremely disastrous a nuclear war really would be (Berger Ziauddin and Marti 2020).

In sum, the reactions to PSR/IPPNW Switzerland’s resistance against nuclear civil defence illustrate how divided Swiss society was at the end of the Cold War. On the one hand, there were still many hard-nosed ‘Cold Warriors’ in powerful positions and institutions, and, on the other hand, there were younger people, in particular, who no longer believed in the imaginary of Switzerland’s total national defence. While Swiss authorities still tried to denounce PSR/IPPNW Switzerland’s counter-vision as defeatism, this accusation could not muster the same authority as in earlier decades of the Cold War. In fact, the movement of conscientious objection in the 1970s and the 1980s which PSR/IPPNW Switzerland was part of paved the way for the introduction of an alternative service based on conscientious reasons shortly after the end of Cold War (Koller 2008). Thus, in Cold War Switzerland of the 1980s, there was no homogeneous sentiment towards PSR/IPPNW Switzerland’s criticism of nuclear civil defence (Kemper 2016: 280). But this does not mean that the criticism of the sociotechnical imaginary of total national defence made by PSR/IPPNW Switzerland and other protest groups did not resonate with the Swiss public. Rather, this resistance was fiercely contested within Swiss society and, therefore, gained widespread public and media attention.

CONCLUSION

In Switzerland, Cold War perceptions and dichotomies developed a remarkable normative power. The threat of a nuclear war between the East and the West resulted in the building of a strong total national defence. The Coordinated Medical Services, which had been set up in the mid-1960s and were operational at the beginning of the 1980s, were an

emblematic total national defence organisation created as one of Switzerland's prevention measures against a nuclear war. It operated with a hybrid organisational structure involving military and civil tasks and structures that blurred the boundaries between the states of war and peace. For the Coordinated Medical Services to function, they relied on the mobilisation of institutions of federal levels and of the nation as a whole, with private organisations playing a vital role. Women, who did not have the obligation to serve under the Swiss federal constitution, were urged to volunteer or forced to serve by newly introduced cantonal laws. Within the Coordinated Medical Services, they were expected to take on their traditional gender roles in nursing and caregiving.

Through organisations like the Coordinated Medical Services, Swiss authorities propagated an imaginary that, with a massive collective effort, Switzerland could survive a nuclear war. But during the 1980s, civil society protest and criticism of total national defence gained strength, leading to the erosion of core components of this imaginary towards the end of the decade. This resistance was at once part of transnational political actions for nuclear disarmament and peace as well as part of Cold War Switzerland's domestic conflicts about the armed and civil defence forces and their dominant role in Swiss society. The Coordinated Medical Services, too, had to face resistance, the core of which was PSR/IPPNW Switzerland. The members of PSR/IPPNW Switzerland refused to be part of all measures and institutions concerned with nuclear civil defence, and they effectively fought against it. Their trials as a result of their conscientious objection, as well as their political campaigns, were staged as a public protest theatre.

In the authorities' perception, PSR/IPPNW Switzerland was fostering collective resistance, as its members refused to bow to the sociotechnical imaginary of Swiss total national defence. State security surveillance shows that PSR/IPPNW Switzerland was regarded as a subversive organisation opposed to democracy and the rule of law. Therefore, PSR/IPPNW Switzerland's resistance to the Coordinated Medical Services and nuclear civil defence, respectively, sheds light on how strong the role played by Cold War norms and requisites of security still was in Switzerland of the 1980s, and it demonstrates how difficult it was to build up democratic opposition against the prevailing imaginary of total national defence.

Under these circumstances, PSR/IPPNW Switzerland had to find a way for its resistance to gain legitimacy among the Swiss public. Subjectivisation was an effective discursive strategy that its members

used to justify their protest and criticism. Centred around the figure of the conscientious physician, the members of PSR/IPPNW Switzerland promoted political actions as individual moral decisions. By openly propagating these subjectivised forms of resistance, they wanted to encourage more people do what they did, that is to follow their own conscience and to resist nuclear civil defence. The personal letters that several publicly known members received illustrate that some people actually felt more encouraged to take on resistive behaviour themselves after they had learned about PSR/IPPNW Switzerland's actions. In this way, the strategy of subjectivisation enabled PSR/IPPNW Switzerland to depict its criticism and protest not as subversive resistance but as the result of conscientiously acting individuals taking similar moral decisions to stand up for peace.

Contrary to what Swiss authorities and Swiss state security insinuated, the members of PSR/IPPNW Switzerland did not fundamentally oppose the state or state institutions. Rather, their subjectivised forms of resistance were a strategic reaction to Switzerland's imaginary of total national defence: whereas this imaginary urged the 'Swiss people' to adhere to imposed Cold War roles and norms, PSR/IPPNW Switzerland called on the Swiss population to act as conscientious subjects who had the right to make individual ethical decisions. Thus, PSR/IPPNW Switzerland's alternative vision that a world without nuclear war was possible relied more on the moral strength of human beings than on the instigated pressures of Cold War politics.

NOTES

1. Archive FOPH, 18.2.60, Totaler Sanitätsdienst und umfassende AC-Schutzmassnahmen, Antrag des EMD, 8 February 1968. All translations of quotes in this chapter are by the author.
2. CH-BAR#E5540E#1984/63#1*, Koordinierter Sanitätsdienst KSD Konzept, 1 December 1980.
3. CH-BAR#E5540E#1984/63#1*, Koordinierter Sanitätsdienst KSD Konzept, 1 December 1980.
4. CH-BAR#E5540E#1994/14#64*, Protokoll der Sitzung des Büros Ausschuss San D, 28 November 1973.
5. CH-BAR#E5540E#1984/63#3*, Kanton 'Rigi': KSD-Dokumentation (Provisorische Ausgabe), 1 January 1981.

6. See the manuscripts and articles in CH-BAR#E4113A#1982/54#38*.
7. CH-BAR#E4113A#2000/390#73*, Standard-Referat mit Folien, 1 May 1979, Standard-Referat mit Folien, 1 October 1980, and Standardreferat Koordinierter Sanitätsdienst Konzept mit Folien, 25 July 1984.
8. CH-BAR#E5540E#1994/14#291*, Koordinierter Sanitätsdienst: Informationskonzept, 17 June 1974, emphasis in original.
9. CH-BAR#E5540E#1994/14#59*, letter from Oberstdivisionär Käser to W. König, 16 February 1973, Katastrophenmedizin WS 1972/73 Zürich, without date, and Katastrophenmedizin, Katastrophenorganisation im Kantonsspital und im Raume Basel, 14 April 1973.
10. CH-BAR#E5540F#1989/97#16*, Protokoll der Sitzung des Büros des Ausschusses Sanitätsdienst, 21 September 1978.
11. CH-BAR#E5540F#1989/97#27*, Referat vor Mitgliedern der Sektionen Schaffhausen des Schweizerischen Zivilschutz-Verbandes und der Schweizerischen Offiziersgesellschaft, 29 December 1978, emphasis in original.
12. CH-BAR#E5540F#1989/97#16*, Protokoll der Sitzung des Büros des Ausschusses Sanitätsdienst, 21 June 1978.
13. SocArch, Ar 526.40.6, Problem der Zivilschutzverweigerer wird vorläufig verdrängt, in *Basler Zeitung*, 16 February 1985.
14. SocArch, Ar 526.40.6, Chronologie der Laufbahn im Zivilschutz von T. Schnyder, 3 February 1986.
15. SocArch, Ar 526.40.6, letter from T. Schnyder to Amt für Zivilschutz des Kantons Zürich, 26 May 1984.
16. SocArch, Ar 526.40.6, letter from Amt für Zivilschutz des Kantons Zürich to T. Schnyder, 6 July 1984.
17. SocArch, Ar 526.40.6, letter from T. Schnyder to P. Widemann, 17 April 1985.
18. SocArch, Ar 526.40.6, Chronologie der Laufbahn im Zivilschutz von T. Schnyder, 3 February 1986.
19. SocArch, Ar 526.40.6, letter from T. Schnyder to P. Bliggenstorfer, 1 June 1985.
20. SocArch, Ar 526.40.6, Anklageschrift der Bezirksanwaltschaft Zürich, 29 January 1986.
21. SocArch, Ar 526.40.6, letter from T. Schnyder to B. Hersche, 3 February 1986.

22. SocArch, Ar 526.40.6, letter from B. Hersche to T. Schnyder, 7 February 1986.
23. SocArch, Ar 526.40.6, letter from T. Schnyder to friends and sympathisers, 26 February 1986, Einladung zu Pressegespräch, 26 February 1986, and Antworttalon Prozess Kriegszivilschutzverweigerung, without date.
24. SocArch, Ar 526.40.6, letter from M. Roelen to T. Schnyder, 3 March 1986.
25. SocArch, Ar 526.40.6, Ist Zivilschutz (noch) sinnvoll? in *AZ*, 12 March 1986.
26. See, e.g., SocArch, Ar 526.40.6, Bei Atomalarm Kragen hochstellen! in *Weltwoche* No. 14, 3 April 1986, and Ist Zivilschutz (noch) sinnvoll? in *AZ*, 12 March 1986.
27. SocArch, Ar 526.40.6, Leserbriefe betreffend 'Protestaktion', in *Weltwoche* No. 16, 17 April 1986.
28. SocArch, Ar 526.40.6, Plaedoyer zur Verweigerung des Kriegszivilschutzes von Dr. med. Thomas Schnyder, without date.
29. SocArch, Ar 526.40.6, Urteil des Bezirksgerichts Zürich, 12 March 1986.
30. SocArch, Ar 526.40.6, Strafbefehl der Bezirksanwaltschaft Meilen, 3 February 1987.
31. SocArch, Ar 526.40.6, Strafvollzug in Form der Halbgefängenschaft, 15 May 1986.
32. SocArch, Ar 526.40, Auszug aus dem Protokoll des Gemeinderates Zollikon, 3 June 1987.
33. SocArch, Ar 526.40.6, Werner Brandenberger: Plädoyer für das Gewissen, without date, and 'Das Verrückte ist normal'. Ueberlegungen zur beiliegenden Konzeptmaquette einer Publikation zum Schaffhauser Zivildienstverweigerer-Prozess 1988, 15 October 1988.
34. SocArch, Ar 526.40.6, letter from D. Glass to the press and the radio and people interested in conscientious objection, 15 March 1986, and Zivilschutz-Verweigerer wollte Haft statt Busse: 30 Tage unbedingt, in *Basler Zeitung* No. 65, 18 March 1986.
35. SocArch, Ar 526.40.6, Aufruf aus dem Gesundheitswesen für Frieden: Einladung zu einer Pressekonferenz, 12 May 1984.
36. SocArch, Ar 526.40.6, Aufruf aus dem Gesundheitswesen für Frieden: Erklärung, without date.

37. SocArch, Ar 526.40.6, Aufruf 'Gesundheitswesen für Frieden', in *Der Bund*, 29 May 1984.
38. See, e.g., CH-BAR#E5540E#1984/63#5*, Koordinierter Sanitätsdienst (KSD), Behelf Basisspital (BBS), Ausgabe 1980, May 1980.
39. SocArch, Ar 526.40.6, A New Physician's Oath, without date.
40. SocArch, Ar 526.40.6, Warum ich als Arzt den Dienst im Zivilschutz verweigere, May 1984.
41. SocArch, Ar 526.40.6, Zivilschutzverweigerungsprozess gegen Dr. med. Hansueli Leuzinger am Obergericht des Kantons Zürich, 31 August 1989, and Werner Brandenberger: Plädoyer für das Gewissen, without date.
42. CH-BAR#E5540F#1989/97#11*, Protokoll der Ausschusssitzung, 22 November 1983.
43. CH-BAR#E4390C#1997/14#525*, Medizinische Vorsorge gegen den Atomkrieg, in *Neue Zürcher Zeitung* No. 207, 7 September 1982.
44. SocArch, Ar 526.20.12, Frontorganisationen: International Physicians for the Prevention of Nuclear War IPPNW, 6 July 1989.
45. SocArch, Ar 526.40.6, Warum ich den Dienst beim Zivilschutz als Arzt verweigere, in *Soziale Medizin* 11/7, October 1984.
46. SocArch, Ar 526.60.2, letter from M. Ryffel to T. Schnyder, 11 November 1984.
47. SocArch, Ar 526.40.6, letter from A. Fritschi to T. Schnyder, without date, and letter from P. Gmür to T. Schnyder, without date.
48. SocArch, Ar 526.40.6, letter from M. Righetti to T. Schnyder, 18 December 1986.
49. SocArch, Ar 526.40.6, letter from T. Schnyder, 13 March 1986.
50. SocArch, Ar 526.40.6, letter from B. Lustenberger to T. Schnyder, 10 April 1986.
51. SocArch, Ar 526.40.6, letter from A. Kaspar to T. Schnyder, 21 April 1986, and letter from M. Vögeli to T. Schnyder, 27 April 1986.
52. SocArch, Ar 526.40.6, letter from H. Schöckmann to T. Schnyder, 13 April 1987.
53. Zivilschutz ist nie ein absoluter Schutz, in *Tages-Anzeiger*, 23 June 1990.

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– CH-BAR#E4113A#1982/54#38*, Az. 281.1, ASAN, 1963–1972.

– CH-BAR#E4113A#2000/390#73*, Az. 281.1, Ausschuss Sanitätsdienst, 1976–1984.

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– CH-BAR#E5540E#1984/63#3*, Az. 1.1280.12, KSD-Dokumentation Fachkurse ‘Sanitätsdienst III’, ständige Weisungen, Kanton ‘RIGI’, Prov. Ausgabe Stand der Erkenntnisse 1.1.1981, 1981.

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– CH-BAR#E5540E#1994/14#64*, Az. 1.1280, Ausschuss Sanitätsdienst Stab für Gesamtverteidigung, 1973.

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